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ORIGINAL ARTICLE.

Myxo-Sarcoma.

BY W. S. BUNN, M.D., LAWRENCE, KAS.

Read before the Eastern Kansas Medical Society, Oct. 8.

It will not come within the scope of our evening's work to deal abstractly with the subject of sarcoma.

What I shall offer will be a hurried recapitulation of the histology and classification of the sarcomata, that we may be better able to study the specimen I shall present you for examination.

The sarcomata as a class comprise a group of neoplasms, presenting throughout in their structure the type of embryonal connective tissue.

This character they preserve during their entire existence.

Though the more mature portions may sometimes become differentiated into almost perfect osseus chondromatous or fibrous tissue, the younger growing portions continue distinctly embryonal.

There may be observed, however, the following characteristics.

The component cells of a sarcoma have one or more relatively small nuclei and no distinct cell wall.

These cells are aggregated in a matrix of more or less homogenous inter-cellular substance instead of a fibrous stroma as in the carcinomata.

They are usually rich in capillary blood vessels which surrounded the cells instead of ramifying in the stroma, as in the above-mentioned class.

These vessels are exceedingly thin-walled, in fact many of them being simply spaces, bounded by the cells themselves. This fact explains the marked tendency of this class of growths to hæmorrhagic extravasations; also the clinical observation that dissemination takes place through the blood vessels rather than the lymphatics, as in the cancerous growths.

Presenting as they do almost every variation from pure embryonal connective tissue to the higher degrees of differentiation into bone cartilage or fibroid, it is not astonishing that the classification of these neoplasms should vary much with the different authors.

There are, however, three general types which are distinct, namely, the round-celled, spindle-celled and myeloid.

The rest are merely variations depending upon the locality in which they occur, their age, or the various degenerations to which they are subject, such as mucoid or fatty.

Considering briefly the small round-celled sarcoma, observe as follows: The cells are small, round, with large spherical nuclei, intercellular substance, soft viscid and scant, blood vessels very abundant; in fact, the picture is that of granulative tissue, from which it is with difficulty distinguished.

The cut surface is reddish-white, homogenous, and on scraping issues a small amount of clear fluid.

The growth is soft, elastic, and comparatively dry. They are the least malignant of the round-celled sarcomata.

Their favorite localities are membranous expansions of connective tissue, sheaths of the cranial nerves, periosteum, mucus and cutaneous surfaces.

With this class of the sarcomata, metastatic deposits are common in distant viscera and mucoid and fatty degenerations are apt to occur.

When affecting the neuroglia, this is

glioma, in the lymphatic glands lympho-sarcoma in the pineal gland, psammonæ; when pigmented, melano-sarcoma.

When reticulated, the round-celled sarcoma seems to gain largely in malignancy.

When the cells are large and grouped in a true reticulum, the picture becomes decidedly carcinomatous, and in fact the boundary line can be hardly drawn.

The spindle-celled varieties of sarcoma are notable for the small amount of cement substance they contain, seeming to be constituted almost entirely of cells. They are small, spindle-shaped, with oval nuclei, and lie with their long axes parallel and their ends interdigitating, forming columns which run in all directions, so that a section presents some of the cells cut transversely and some longitudinally. They favor the sub-cutaneous connective tissue, inter-muscular septa and periosteum, the interior of bone, the eye, the antrum, the breast and testicles. Being a step nearer fibrous tissue on account of the configuration of the cells, this variety exhibits a tendency to metamorphosis into fibroid somewhat resembling scar tissue. They are much less malignant than the preceding. When the cells are large the malignancy is much less marked.

The myeloid or giant-celled sarcoma is somewhat mixed in its histological structure, being formed of large masses of protoplasm which contain two or more nuclei, sometimes as many as fifty. They also contain round, spindle and mixed cells. Their consistence varies from that of jelly to almost the hardness of muscle. A cut surface appears smooth and shiney, and is of a greenish or livid red color. Their usual seat is the interior or cancellous tissue of bone.

The clinical record of a sarcoma depends largely upon the structure and the locality in which it occurs, and as with all other tumors upon constitutional vices, habits, or hereditary tendencies. For instance, a small-celled sarcoma may occur upon a man, may remain for some weeks hard and nodular and isolated. Ulceration, however, soon takes place. Metastatic changes occur in the liver or other organs, and exhaustion and death soon follow—the axillary glands (by the way) remaining notably unaffected.

Take, again, a giant-celled sarcoma affecting the inferior maxilla of an elderly person. The bone will slowly expand into a smooth tumor, the walls of which become so thin as to crepitate on pressure. Yet it may be many years until it attains the size of a walnut.

Diagnosis is difficult. The following points may, however, be noted:

While occurring at all ages it is more apt to attack the young.

While some of them may, as we have mentioned, develop slowly, a rapid growth is the rule.

Early infiltration of the surrounding tissues is also a peculiarity of this affection.

Their proneness to become cystic, these cysts developing with a rapidity unknown to benign growths is also remarkable.

Another characteristic is their tendency to early ulceration, the lymphatics being late affected if at all.

In order to better introduce our specimen for study, I shall briefly mention the type of myxomatous growths.

These are mucous growths, immature forms of connective tissue. It exists largely in fœtal structures, and from it is evolved many of the mature forms of connective tissue. A type of the normal myxoma is the umbilical cord at birth.

It will thus be seen that the myxomata and sarcomata are closely allied histologically, the essential difference being a preponderance of the intracellular substance in the former.

It is not strange therefore that a sarcoma occurring in the soft tissues as, for instance, the omentum or peritoneum, should exhibit this tendency to mucoid degeneration in a marked degree. In the case which I report the specimen presented the appearance of typical myxoma, but when we consider the clinical history which I will soon relate its rapid development and extension increasing cachexia, exhaustion and death of the patient, its original nature cannot be called into question.

The two cases I wish to briefly place on

record are rather interesting from an ætiological standpoint, the one presenting the factor of hereditary syphilis, the other continued irritation, both of which are given by various authors as causative.

The first was a Swede; family history good. He presented himself to me about two years ago, at that time a fine looking, apparently healthy man. He said that he was a little bilious and asked me to prescribe a cathartic. Upon examination of the abdomen I found a number of rather symmetrically disposed scars, which suggested the remains of a syphilitic rupia, whereupon a tolerably definite history of that disease twenty years previous was elicited. There was a smooth induration in epigastrium, and several scattered nodules could be felt in the lower umbilical region.

I felt that I had possibly a manifestation of tertiary syphilis to deal with. At this time there was no cachexia, no disturbance of the general health whatever; no fever; nothing but the slight sensation of fulness of which he complained, and the slight epigastric tenderness.

I placed him upon alteratives and pushed the iodide to its full physiological limit for five weeks. The nodules increased in size, the above-described sensations became intensified, but all this time the man was working and exhibited no disturbance of the general health.

Soon after I found a collection of fluid upon the right side of the abdomen which I separated, removing about a pint of bloody fluid containing several pearly fragments, which I examined microscopically and found to be pieces of myxo-sarcoma. I therefore gave him an unfavorable prognosis, in fact told him that in from one to two years he would be gathered with his fathers in the halls of Valhalla.

I advised him to abstain from all specific treatment, pay attention only to disturbances of his general health.

This he very successfully accomplished until about ten months ago, when he began to rapidly deteriorate. Emaciation became progressive, a cachexia evident, and following the law of self-preservation he began grasping at straws.

From the four quarters of the earth came the fakirs and their agents, and from this time on until he died he was cured for a snug sum once a month, thanks to the beneficent medical laws of Kansas.

Assisted by Dr. Willey and Mr. Earnst and several members we made an autopsy. The omentum would weigh several pounds, the peritoneum, both visceral and parietal, as such, had disappeared; the whole abdominal contents appeared to be mucous tissue, the omental tumor encapsulated and evidently the oldest growth. Removed the whole of Peter's detachable anatomy and tried to preserve it, but, alas, it was reported as a nuisance and I had to dispose of it.

The other case to which I wish to call your attention is a young man of excellent physique. Mother died of cancer of the omentum, an uncle and aunt of cancer of the stomach; a brother is insane, and the young man himself has narrowly escaped melancholia, from which he was saved by castration of a tender testicle and old varicocele. Sometime ago this young gentleman had a boil upon the outer aspect of the left thigh about the middle. The center sloughed away as in an ordinary furuncle, but the clothing continually rubbing it prevented healing. Nine weeks later he came to me with a mass 2 inches long, 1½ inches wide and ½ elevated, occupying the site of the ancient furuncle. A careful microscopic examination revealed its nature. It was a mixed round- and spindle-celled sarcoma. I operated upon it with my preparation of the mixed tannates, effecting solution in about an hour. A protective dressing for about a week or ten days, and at present there is a soft healthy cicatrix.

This case shows both the neurotic state given by some authors and continued irritation as causative factors.

A. T. WAGGONER, Ph.G., a graduate of Ann Arbor, has been made assistant to the Chair of Chemistry in the Kansas Medical College.

Obstetrics Among the Mexicans.

BY J. M. FRANKENBURGER, M.D., TOPEKA, KAS.

Read before the East Kansas Medical Society.

Mr. Chairman, Ladies and Gentlemen:

While I have nothing new or startling to say about the obstetrical practice among the Mexicans, still the practice being so different in many respects from that seen among Americans, at least such as we see around here, a short paper on the subject may not tire you.

The practice such as I saw was among the lowest classes, and I cannot say anything about that of the better classes.

Such a thing as having clean linen, clean beds, etc., was never thought of. Indeed, very many could not even boast of the luxury of a bed. The house was generally composed of but one room, and in that lived all the family.

Whenever labor is a little bit tedious they suspend themselves by ropes or poles and thus facilitate matters. And in justice to them it must be said that in most instances it does facilitate delivery. On entering the room and seeing the woman suspended by ropes under the axilla, and groaning all the time, one is reminded of the pictures of ancient times where they suspended victims by the thumbs for torture.

As they never called a physician so long as the labor was natural and uninterrupted, whenever a call came to attend one of them in labor, I always knew something was wrong and went prepared for trouble, and generally found it.

It is only by the greatest of difficulty that they are persuaded to spend any length of time in bed after confinement, the majority of them thinking two or three days to be sufficient.

Immediately after the birth of a child its mouth is washed out with a generous handful of salt, which is one of their ancient customs, though for what reason I was unable to find out. The old midwives are always very much offended to have the cord lived by absorbent cotton in place of their pieces of burnt cloth. After the confinement the woman's head is tied up in a white cloth for a number of days, which is another one of their ancient rites.

I have here one of their binders which they use. The first time the binder was handed me to put on the patient I was nonplussed and had to confess my ignorance as to what purpose it was supposed to be for, and I will never forget what a pitying, scornful look the old midwife had on her face as she took it from me and gracefully tied it around the woman.

The announcement of the sex of the child was awaited with a great deal of anxiety, and if it was a boy the congratulations were many and vociferous, while if it was a girl very little was said. If it was a boy the male element would go out of doors and take a drink. If it was a girl they took two drinks.

The principal point I want to bring out is their utter lack of cleanliness and the comparative harmlessness of their dirty surroundings. Only twice did I have any cases of septicæmia, and that was from retained placenta when I was not called in until three days after confinement. Why is it that in such dirty, sometimes filthy, surroundings women will be confined time after time with no ill results, while among some of the best educated, most cleanly women with the best of attention and supposed aseptic surroundings we sometimes have our worst cases of septicæmia?

THE largest fee we have ever heard of for a case of ordinary gonorrhea was charged by a Kansas physician. He informed his patient at the beginning that his fee would be $500, $100 of which he received then and there.

DR. CLARENCE S. MCCLINTOCK, present county physician of Shawnee county, will be married to Miss Isabelle Lamont at high noon, Tuesday, October 15, at the First Methodist Church.

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Topeka, Kansas, Saturday, Oct. 12, 1895.

Protonuclein in Typhoid.

We have been able to secure reports on six cases of typhoid fever treated by protonuclein. Four of these were typical cases, two of them appeared to have some malarial element. Five of the six were treated by a local physician, and his treatment consisted of ½ grain of calomel every three hours for two days, and protonuclein, 8 tablets of 5 grain each every day for two days, then 5 tablets per day. No other treatment was used in these cases and the longest duration of the disease was eight days, the shortest duration five days. The highest temperature noted was 105°. In only one case was the highest temperature as low as 103½°.

A tympanitic abdomen marked all of the cases.

The temperature gradually declined with the administration of protonuclein and the tympanitis subsided.

In one case toxic symptoms appeared from the use of the drug, but rapidly disappeared on its discontinuance for one day and the patient was returned to 8 tablets per day with no further trouble.

Another case was reported in which there were marked malarial symptoms. The treatment was begun with protonuclein and though the temperature became lower the prominence of malarial symptoms led the attendant to discontinue the protonuclein and administer quinine. Under this the temperature went rapidly up and the protonuclein was again used. The temperature gradually declined. Total duration in this case was three weeks.

From these reports it would seem that in protonuclein we have a very efficient remedy, if not a specific, for typhoid fever. It is not necessary to say anything of the importance of reducing the duration of this disease to the lowest possible limit. We are not able to say at the present time upon just what physiological action these results depend, but there is no doubt as to its effect and its particular action may be explained hereafter.

CARELESS or reckless opinions are responsible for the lack of confidence that some people have in the medical profession. If we give an opinion of a condition before we have made a careful examination we not only do our patient an injustice, but we place ourselves in a vulnerable position. Frequently a case will pass through a great many hands and a variety of opinions are given. They are not all correct, though they may be given by equally good men. For instance, a case of uterine or ovarian disease with considerable cardiac disturbance receives a careful examination of the uterus and ovaries, and is readily informed that the cardiac trouble is functional and will disappear with relief of the uterine disease. If a careful examination of the heart

had been made and no organic lesion found, such an opinion would be perfectly safe and justified. A safe opinion upon the cause of disturbed heart action can never be made without a careful examination of that organ. If our patient complains of palpitation, pain and uneasiness after eating, and we find an indigestion, distended abdomen and irritable stomach, don't be to hasty with an opinion, for an examination may reveal a valvular lesion to which the digestive disturbance is secondary. Many of the conditions which cause functional disturbance of the heart are in other cases secondary to a valvular lesion.

New Operation for Hemerrhoids.

Dr. Merrill Ricketts has suggested a new operation for hemorrhoids and prolapsed rectum. For hemorrhoids, the sphincter is wildly dilated and with a large semi-circular needle introduced subcutaneously at the muco-cutaneous line, a silk ligature is carried to the upper border of the pile-bearing area and then returned, making its exit at the point of entrance. The ligature is drawn taut about the venous plexus and the ends left hanging out. Atrophy results and the piles are cured. There is no hemorrhage or sacrifice of tissue and but little pain.

For prolapsed rectum the ligatures are introduced in the same manner, except there are more of them.

Presence of Mind.

If we were asked what single quality more than any other conduces to success in medical practice, we should be disposed to say presence of mind. The doctor must be master of himself, not only "though china fall," but though he discovers that he has been studying the pathological changes in a glass-eye, or feeling his own pulse, like the intoxicated physician of the legend. Swift, in his *Diary to Stella*, speaks of the frequency with which people "reason wrongly at first thinking." Medical men are no more exempt from this infirmity than the rest of mankind; but the carefully cultivated presence of mind, which is the first law of professional self-preservation, generally makes them more successful in concealing it. The young practitioner often gives himself away by offering the first muddy stirrings of his thought as an opinion, instead of waiting for it to settle. Everyone remembers the young doctor in one of Wendell Holmes' books, who tells his first patient that he has discovered various complicated murmurs in his heart, which turn out to be caused by the buzzing of a fly in the stethoscope. An older hand might have heard the "murmurs"—perhaps with his ear at the wrong end of the stethoscope—but he certainly would not so artlessly have taken the patient into his confidence. We have known a "colored person" diagnosed off-hand to be suffering from Addison's disease; and a dark spot, which subsequently proved to be amenable to simple treatment by soap and water, pronounced, "at first thinking," to be a melanotic sarcoma. Absurd mistakes are often due to nervousness rather than precipitancy. Students attending their first midwifery case sometimes go astray in making the necessary examination. Shyness has made a young practitioner mistake an indiarubber bag for an ovarian cyst. Perhaps the most appalling misadventure of this kind befell the physician of the Emperor Rudolph the Second, who, in trying to feel his illustrious patient's pulse under the bedclothes, grasped a different part of the Imperial anatomy, and was informed of his mistake by His Majesty in the following dignified words: "*Erras, amice, hoc ets nostrum imperiale membrum.*" How the doctor got out of his embarrassing position is not recorded, but presence of mind will often save an apparently hopeless situation. If a student who finds himself exploring the rectum instead of the vagina, will calmly rebuke the patient for not paying more attention to the condition of her bowels, he will change an imminent defeat into a victory. Coolness will extricate a man from almost any difficulty.—*Brit. Med. Jour.*

We saw an instructor in one of the schools

of Chicago describe a papilloma of the vocal cord which he found in a patient he was presenting to the class. After giving an excellent lecture on the appearance of these growths, their history and treatment and making a very pretty blackboard drawing of the particular one under discussion, he asked several gentlemen present to examine the case. One of them, who was very inquisitive, failed to see the tumor and the instructor attempted to show it to him, but lo, the tumor had disappeared and he was forced to acknowledge to his class and visitors that he had mistaken a pellet of mucos for a papilloma.—ED.

Eastern Kansas Medical Society.

The Eastern Kansas Medical Society met in A. O. U. W. hall at 8 P.M., October 8, Dr. J. C. McClintock presiding.

Present: Drs. W. S. Bunn, J. C. McClintock, J. E. Minney, Eggleston, O. C. McNary, C. C. Seabrook, J. M. Frankenburger, L. M. Powell, R. E. Buckmaster, C. C. Miner, W. E. McVey, McLaughlin, Munn, McGuire, Halley, Eastman, R. E. McVey, S. G. Stewart, Wallace, Church, and Barnes.

The names of Drs. C. C. Seabrook and J. C. Eggleston proposed for membership and received.

Dr. W. S. Bunn presented a paper on "Myxo-Sarcoma" (see first page of this issue.

Discussion—Dr. Powell thought the small round-cell sarcoma was most malignant, and was more apt to undergo metastatic changes. The sarcoma is more apt to be painless, while carcinoma is painful.

Dr. Stewart: The case reported in which the mother, aunt and uncle had carcinoma and the son sarcoma, shows an interesting point in heredity. There is very little in the way of heredity to be found in statistics. They show about 4 or 5 per cent., which may be a coincidence rather than proof of heredity.

Dr. Halley: The received doctrine of today is that of Cohnheim that it is a heterologous growth. I don't believe it. I believe both sarcoma and carcinoma are infectious. If you will investigate carefully the history of these two classes of tumors and tubercle, you will find they are identical in infectious properties. One of the strongest points toward establishing infectious character is it involves the blood vessels as well as the other tissues. The cells penetrating the walls of the vessels so that the infection is carried along the current of the blood. There are the three distinguishing features of the cell, the small spindle cell, the comparatively large cell, and the large cell or the myeloid cell. It seems we should be able to cultivate the organism. We will when we find the proper culture medium. It is probably a parasite rather than a vegetable organism. If you will study the two growths side by side with tuberculosis it will become clearer. The most malignant type, the angio-sarcoma, begins in the blood vessels. There is another type, the diffuse subcutaneous sarcoma. Reported a case of sarcoma in a woman of large weight. The abdominal cavity studded over with small growths and pelvic cavity filled with sarcomatous mass. Case given erysipelas antitoxin, three drops injected into abdomen every day or every second day, later every week; continued for nine months. Recovery complete. Rigor followed every injection. Have had no marked results in other cases.

Bunn: I regard the essential cause of sarcomatous or carcinomatous growths as infection. I believe the time is coming when the favorite operation for these growths when not too large will be by chemical action. The paste I used was a mixture of tannate of potassa and soda. It destroys embryonic tissue but not healthy tissue.

Paper by J. M. Frankenburger on "Obstetrics Among the Mexicans" (see page 564).

Dr. Bunn thought the small per cent. of septicæmic trouble was because fingers were seldom used and the vaginal mucus was left undisturbed.

Drs. Munn and McNary reported their experience among the Indians, which cor-

responded to that of the Mexicans. There were few cases of septicæmia, few cases of difficult labor, and pelvic disease very scarce.

Dr. Frankenburger: The position seems to aid labor and facilitate proper presentation. Women of our civilized life are hardly strong enough to stand the strain of this position during labor.

Adjourned to meet in Leavenworth second Tuesday in January.

A London "Refuse Destructor" Plant on a Large Scale.

Lloyd's Newspaper.

In one of the parochial districts of London, St. Pancras, the problem of disposing of municipal refuse at the lowe t cost is being solved. And more than that this refuse is made of practical value in connection with the parochial electric-lighting works. The city refuse, or "dust," to use the English word, is consumed in specially constructed furnaces, and the heat thus generated used to produce power to run the electric plant.

These new buildings cover an area of two acres and a half, facing King's Road, and the most noticeable feature of the plant is the huge chimney, that rises to a height of 231 feet, and that cost over $15,000 to erect. The total cost of the plant has been $500,000.

The "dust" is collected throughout the district by carts and carried to a rear entrance, weighed and tipped into enormous tanks on each side of the main shed. To these tanks are attached hoppers, which convey the refuse to furnaces of new design and considered to be of the best type now existing.

A novel feature of the whole scheme is its general automatic working, which requires the least possible outlay of manual labor. For instance, the furnace is fitted with an ingenious appliance of alternating bars, moving up and down with an eccentric forward motion, carrying the refuse continually toward the center of the fire.

There are eighteen furnaces capable of consuming 1,260 tons of dust per week. There is but a small amount of "clinker" left behind, and this is withdrawn every six hours. This can be used to form an exceptionally tenacious mortar, and its sale (together with certain reduce expenses), will yield a probable gain to the parish of $25,000 per annum.

The fiery gases from the burning material pass through long flues to the engine-room of the electric works, pass around and in front of the boilers into an "economizer," and so into the chimney. The destructors are said to produce 12,000 degrees of heat, and supply from 300 to 400 horse-power to the boilers. Efficiency with economy is proved possible in this scheme. For instance, the water needed is procured by saving the waste steam, passing it through a condenser and water-softening apparatus, pumping it to the top of the building to a cooler, whence it returns to a tank of 115,000 gallons capacity.

There will be a saving in cartage of refuse, a saving in coal at the electric station, and a saving to the taxpayers, who will have cheaper and better street lighting, and a valuable asset.

Hydrochlorate of Phenocoll in Malaria.

Notes on New Remedies.

Dr. Strisover, of Odessa, publishes in the *Medicinskoie Obozrenie*, his observations in the case of a female patient who, in 1893, had suffered from a rebellious intermittent fever, which was finally cured by methylene blue. For a whole year the patient felt well and the bodily weight increased; four months ago there ensued a general prostration with pains in the hepatic region, which became more intense every day at the same hour, towards 4 P.M., when the chill occurred. The chill was irradiated in the back and was localized between the 10th and 11th ribs, at a distance of two fingers' breadth from the rachis. At this moment the temperature began to rise, and at about 11 in the evening it reached 39°C. and even more. Towards daybreak slight perspiration. Neither methylene nor injections of

Fowler's solution produced any effect, and the same was true of quinine taken in large doses. The patient became very feeble, the skin assumed an earthy hue, the conjunctivæ became subicteric, the liver was increased in size and had become very tender on pressure.

The author was rather inclined to diagnosticate an abscess on the liver. Remembering the good results obtained in similar cases, by the military surgeons in Algiers, with hydrochlorate of phenocoll, the author prescribed this drug for his patient, giving a dose of 50 centig. (7½ gr.) three times a day. After the third dose the feverish attacks disappeared. The patient took in all 36 powders of phencoll and was perfectly cured. The subicteric tint and the pains disappeared, and the liver returned to its normal size.

In another case, the trouble consisted in a trifacial neuralgia of a rebellious and periodical character, which was uninfluenced by quinine and arsenic. After taking one gramme of phencoll, divided in two doses, the patient was able to return to his work. To effect a complete cure 12 grammes of the remedy were used.

A third patient suffered daily from an access of fever. The affection did not give way to quinine, arsenic, or methyline blue. Considering the emaciation of the patient, the existence of numerous rales in the lungs, and the hectic character of the fever, a bacillary affection of the lungs was diagnosed. But a repeated examination of the sputum for bacilli always gave negative results. The patient was given phencoll; after four doses of 50 centig. each the fever disappeared, but sixteen grammes of the remedy were needed to effect a complete cure. Phencoll hydrochlorate appears to be inoffensive when it is administered in the above-mentioned doses.

An Anomalus Case of Diphtheria.

Theo. L. Hatch in Northwestern Lancet.

The patient was a boy aged 13 years, and on the second day of the sickness the exudate appeared on both tonsils, with a temperature early in the day of 107°. On the morning of the next day his temperature ran up to 110°, and at this time his throat became entirely clear of membrane, but he developed all the symptoms of acute cerebro-spinal meningitis, pain in the head, with head drawn back, pupils dilated, and for 48 hours he was raving crazy, laboring under high maniacal excitement.

During all of this time his pulse was nearly normal. He presented all the evidences of a person suffering from a highly septic condition. When the cerebro-spinal symptoms subsided the entire fauces became covered with diphtheritie exudate.

At this time also the patient lapsed into a condition of stupor, bordering upon coma, but there was no time but that he could be readily aroused. At this stage of his sickness there was also a marked crisis, and the patient came very near succumbing to heart failure. There was evidence of a weakened heart's action for weeks afterwards.

The day following the subsidence of the cerebro-spinal symptoms, there was a peculiar bad odor from the body, the abdomen became mottled and dark colored, there were profuse discharges of diphtheritic membrane from the bowels, accompanied with very painful tenesmus, and it looked as though we were destined to have a fatal termination from Septicæmia. At one period the respiration was somewhat affected, though not seriously. At no time was the function of the kidneys impaired in the least.

The throat gradually cleared up and all dangerous symptoms subsided, though the convalescence was slow on account of the weakened heart's action. At one time the left parotid gland became inflamed and swollen, but did not suppurate.

FOR the country practitioner or the city doctor there is nothing more convenient or satisfactory than one of Parke, Davis & Co.'s tablet cases. Your remedies are in a compact, convenient form, and always pleasant to take.

Amicrobic Suppuration.

St. Louis Medical and Surgical Journal.

At a recent meeting of the Paris Surgical Society, MM. Roger and Bonnet stated (*Jour. Am. Med. Ass.*) that it seems actually demonstrated that pus becomes sterile when inclosed in any old focus which does not communicate with the air. Microbes, virulent at first, become attenuated, then succumb, and, finally, are completely dissolved. Nevertheless, trouble may still be caused, as is shown by the following instance: A man entered the service of the authors, for pains at the upper part of the left hypochrondrium, with febrile accesses returning every evening and accompanying the three classical stages of intermittent fever. A large tumor was found in the left flank, which was taken for a hypertrophied spleen, and paludism was diagnosed. Quinine had no effect and the diagnosis was in doubt, when, three weeks after his admission, the patient passed a great quantity of pus in the urine. M. Tuffier, being consulted, deemed surgical intervention necessary, and made an incision in the lumbar region, which gave issue to two quarts of thick, reddish, fetid pus; the apparently normal kidney was discerned at the bottom of the wound. A diagnosis was now made of perinepheric phlegmon, opening into the renal pelvis. Following the operation the patient had no more febrile exacerbations and rapidly recovered. Microscopic examination of the pus revealed no microbes—cultures were negative—inoculation on animals produced no effect. We have here, say the authors, to deal with an amicrobic suppuration—that is to say, a pus formation in which the microbes have been destroyed; nevertheless, this foyer continued to increase in area and tended to an opening into the organs; it caused violent pains and provoked an intermittent fever absolutely like that from fertile suppurations. It is absolutely impossible to ascertain whether the pyogenic agents are still living or have been destroyed. From a theoretic point of view this is another instance of the pyretogenous role of microbic products, and shows that they may produce symptomatic intermittent fever, which is sometimes considered as due to the passage of bacteria into the blood. M. Rendu remarked that the most curious fact in the case was that the patient had febrile attacks daily; in the perinephric phlegmons which he had seen the fever was manifested only in the last days.

Professional Dignity in Belgium.

Medical Record.

A drygoods establishment at Liege, among other inducements to attract custom, advertises to give credit for all purchases, to insure the goods bought against destruction by fire, and to supply free medical service to the purchaser and his family for a length of time proportional to the amount of the purchase. After completing his purchase the customer receives one or more coupons, according to the amount of his expenditure, each one entitling him to a visit from the physician whose name and address are there printed. With cool effrontery *Le Scalpel* calls this a *procede Americain*, as if Belgium were not a by-word for quackery among the nations of the earth.

The Spleen and Liver as Bactericides.

North American Practitioner.

Dr. H. S. Upson, in the *Medical News*, calls attention to the fact that consumptives are rarely found among patients who are the subjects of malaria and have enlarged spleens. The spleen, enlarged and abnormally active from its battle with malaria, seems to easily overcome the inroads of the tubercle bacillus. Vaughan claims that the spleen supplies a germicidal substance. As the spleen becomes enlarged in acute infectious diseases, it is probably due to the great influx of the bacteria-laden blood and the rapid increase of function of the secreting cells.

G. Futterer, in *Medicine* details the results of experiments that he has made since

1877 as to whether disease germs introduced into the right heart, or venous circulation, are destroyed or eliminated by the liver as follows:

1. The liver eliminates germs or corpuscular elements from the blood current.

2. The bile does not destroy germs, but allows them to multiply.

3. Relapses of typhoid fever may be caused by typhoid bacilli entering the intestinal canal by way of the ductus choledochus.

4. Tubercular interities may be caused in the same way.

5. Diarrhea in general sepsis may also be caused in the same way.

6. Typhoid bacilli may form the nucleus of gall stones. (Dutourt, Chiari.)

7. Typhoid bacilli, on their way through the liver, can cause inflammation of the gall ducts. (Dupre).

8. There is a condition deserving the name cholecystitis typhosa.

9. Typhoid bacilli may be found in the gall bladder eight months after a typhoid fever, if an obstruction prevents their elimination in the intestinal tract. (Dupre).

10. Iodide of potassium injected hypodermically can be found in the gall bladder in five minutes or less after the injection.

Waterlogging from Anesthetics.

New York Medical Times.

"Dr. Joseph Price says that in his own work at present shock is simply unknown. What is sometimes called shock is simply waterlogging with an anesthetic." Commenting on this, the Denver *Medical Times* makes the rather surprising assertion that "men and women graduate from the best medical schools in the country and practice surgery, and yet never know how to give an anesthetic. A great deal of fuss is made about histology, microscopy, etc., and yet a student may attend three years in any one of the best medical colleges in the United States, and never receive one hour's practical experience in the giving of ether or chloroform. Even the internes in the hospitals are not instructed; they are simply allowed to suffocate, overpower and fight their way as best they can.

"The fact is the operator dare hardly to offer a suggestion, the anesthetiser is so extremely sensitive. As long as this condition of affairs continues there will be 'waterlogged patients dying from so-called shock.'"

And we add: There will be an immeasurable amount of suffering endured by the most innocent and interesting of our fellow-beings, merely because the great majority of their medical attendants have never learned practically how to employ anesthetics in labor; and because this class of patients and this alone think it their duty to be martyrized.

Early Ectopic Gestation.

Chicago Clinical Record.

A study of early ectopic gestation warrants Jepson (*American Journal of Obstetrics*, September) in making the following conclusions:

1. Extra-uterine pregnancy is probably always primarily tubal, the ovarian being a possible rare exception.

2. The danger from tubal pregnancy under expectant treatment has probably been exaggerated. More light on this point is needed.

3. Diagnosis before rupture, while often difficult, can in many cases be made by the expert physician with sufficient certainty to justify a resort to the electrical treatment or celiotomy.

4. Diagnosis after rupture can, in a large majority of cases, be made with sufficient certainty to demand at least an explanatory incision.

5. If a reasonably certain diagnosis is made before rupture, electricity—preferably galvanism—should be carefully tried, unless the patient can and will secure the services of an experienced and skillful abdominal surgeon. While employing this treatment arrangements should, if possible, be made to quickly secure the presence of a surgeon in the event of tubal rupture.

6. The skilled abdominal surgeon is justified in opening the abdomen in all unruptured cases coming into his hands, as soon as the diagnosis is reasonably certain.

7. After intra-peritoneal rupture, if evidences of free hemorrhage are present, at once open the abdomen and grasp the tube near the uterus. Complete the operation at once or delay it to employ restorative measures, as the patient's condition demands. Circumstances may render it proper to wait a reasonable time for reaction from shock before resorting to any surgery, but preparations for abdominal section should be promptly made.

8. After rupture into the broad ligament abdominal section is not urgent and is often unnecessary. No unskillful operator should resort to it unless the symptoms are exceptionally grave and skillful aid is beyond reach.

9. After intra-peritoneal rupture even the inexperienced physician, if none more skillful is within reach, is justified in performing abdominal section, if a human life depends upon prompt action; but this should never be done without counsel.

Tuberculosis of the Bronchial Glands.

Dr. Marfan in Jour. de Clin. et de Ther. Infantiles.

When this condition is not complicated by fever or involvement of the lung tissue, children do the best when they are sent to the seashore or the country; but if at the seaside they should not bathe in the sea and should be as quiet as is consistent with a life in the open air. Brisk friction of the skin should be employed with the towel, the dry hand, or with alcohol, the aim being to keep the skin in the best condition as well as to bring about a reflex stimulation of the centers governing general nutrition. Proper feeding is very important and due regard should be had to the condition of the digestion. Marfan particularly values the iodotannic syrup of the French pharmacopeia in the treatment of this condition, giving two teaspoonfuls per day to infants and twice that quantity to children over three years of age. This may be followed after three to four weeks by an emulsion of calcium lactophosphate and cod-liver oil; this again after about the same length of time may give way again to the previous medications. Still later, if the digestion permits, the arseniate of soda may be given. Counter-irritation between the shoulder blades with iodine, vesicants, or the actual cautery has a favorable influence upon the glands. If the cough due to the pressure of the glands be severe and spasmodic, the tincture of belladonna will be of assistance. Inhalations of chloroform or ether may be cautiously used to combat violent dyspnea of the suffocative type. When pulmonary tuberculosis is evidently present one must resort to the use of creosote or guaiacol, which the author gives preferably per rectum. When administering them hypodermatically, he adds a small amount of iodoform in the proportion of 1 to 10 of the creosote or guaiacol, dissolved in oil of sweet almonds, injecting it every second day. The formula is:

Guaiacol or creosote....	1.50 gme.
Iodoform.....	.05 gme.
Oil of sweet almonds ...	10.00 gme.

From one to three cubic centimeters of the mixture are injected, according to the age of the child.

Fever is favorably influenced by painting the skin with guaiacol. For a child of four years two applications may be made, at 2 and 5 o'clock, painting each time an area not larger than a silver dollar lest collapse be produced.

Treatment of Furunculosis.

Dr. Brocq Paris. Journal Cutaneous and Genito-Urinary Diseases.

It is well known that there are rebellious cases of boils in which the analysis of the urine shows neither diabetes of any kind nor albuminuria. None of the internal remedies vaunted hitherto appear to act, and boils or carbuncles succeed each other for months with a tenacity which is truly discouraging. In chronic gouty subjects in whom this furunculosis seems to have replaced the clearly

defined accidents of the gout itself, I have tried the use of colchicum. In a gouty subject of forty years, affected for months with furunculosis, the action of the extract of colchium, given in doses of two or three centigrammes per diem, was in a way remarkable. From the sixth day the evolution of the furuncles already existing was arrested, and no new ones appeared. A little surprised at the result, the patient ceased using the colchicum, and at the end of a fortnight boils showed themselves again. He then renewed the cholcium, and the affection was quickly subdued. These experiences were repeated several times, until the day when the subject, perfectly elated over the power of the colchicum, took it upon himself to continue the remedy for a long time, and then to cease gradually. He is at the present time completely cured of his furunculosis As adjuvant and as local treatment, I prescribed besides daily lotions with camphorated alcohol over the whole body, and over the boils themselves employed Vidal's red plaster (minium, cinnabar, and dachylon). Since this first cure I have given colchicum to several patients affected with furunculosis. but with varying success. I completely failed in some cases, especially when the furunculosis complicated eczematous eruptions. The colchicum seems, too, to have very little action upon the folliculites of sycosis vulgaris. I reserve communication of the final results of my observations, with all the necessary details, for a time when I shall have collected sufficient data. For the moment I confine myself to the statement that in certain cases of rebellious furunculosis developing in patients without diabetes and without albuminuria, colchicum administered in sufficient doses has given good results.

Oil Enemas in Chronic Constipation.

Carl Berger in Deutsch. med. Wochensch.

In the treatment of various affections of the large intestines, especially in atonic and in the spastic forms of chronic constipation, the author recommends the injection of large quantities of olive oil.

While in mild cases of atonic constipation simple dietic measures, in addition to massage, faradization, and hydrotherapeutics, often give good, though usually but temporary, results. In the spastic variety, which is usually met with in nervous, neurasthenic hysterical, and hypochondriacal individuals, we have a more refractory disease. It is this form of constipation which is particularly amenable to the treatment with oil enemata.

The treatment is as follows: The patient is put in the knee-and-elbow position, to reduce abdominal pressure, and oil, warmed to body temperature, is allowed to flow in slowly under low pressure, the syringe being placed about 50 ctm. (20 ins.) above the patient's hip. This procedure lasts from twenty to thirty minutes. This done, the patient is made to lie fifteen minutes on the left side, then fifteen minutes on the right side of the body, while constantly keeping the hips elevated. After this the patient may assume any position, but to prevent the soiling of clothes, he should remain on an oil-proof sheet until the oil has taken effect, which usually occurs four to five hours after the injection.

The first evacuation usually resembles former ones, but sometimes it is more normal, or of the consistence of thin dough.

If no movement is produced, the author administers a water enema. which seldom fails to bring about a good passage. However, the real action of the oil usually takes place on the following day.

The oil is noticeable in the stools for five or six days, and in some instances for eight to ten days after each injection. The author does not repeat the injection before the feces have again become hard and one day has elapsed without a movement; the intervals between the injections growing longer as the treatment is continued. In some cases from ten to twenty-one days elapsed before a repetition of the treatment became necessary, the author states. In a few cases one or two injections were sufficient to cause a daily movement for several months, but in

these cases, however, the constipation was partly due to malnutrition, and was, no doubt, much benefited by the general dietetic treatment given in connection with the enemas. Pain and colic occurred in but two cases--two very sensitive and hyperesthetic persons—out of 41 treated.

The normal, spontaneous stools produced, and this without the cumbersome daily injections of water or the use of cathartics, as well as the disappearance of symptoms secondary to constipation, aroused in the nervous patients a great deal of confidence in the treatment. Of the 41 cases the author speaks of, 3 were under treatment too short a time to permit of observations being made, and of the remaining 38 cases, 34 were discharged cured. From the majority of the latter, the author received communications saying that the cure had been permanent.

This treatment was also followed by beneficial results in two cases of gall-stone colic.

A Few Points in Obstetrics.

Maryland Medical Journal.

Ewing advances a few aphorisms relative to obstetrics:

1. Examine the urine once a week or so before the expected confinement. Albumin need not cause alarm, unless present in large quantity, in which case the woman should be restricted to milk diet, given one-tenth grain of sulphate sparteine four times a day, and bowels kept open with cream of tarter, the object being, of course, to relieve congestion of the renal veins.

2. Make no digital examination without first cleansing the hands and nails, together with the external genital, with a solution of bichloride of mercury (1 to 2000) and ethereal soap.

3. Empty the rectum thoroughly with an injection of warm water.

4. Make as few examinations as possible during progress of labor, and each time dip the hand first in the antiseptic solution.

5. If the presenting part emerges slowly from the womb, do not allow your impatience to so get the better of your judgment as to induce you to "assist nature" by pulling on the os. Probably all the deep pathological tears, calling for surgical interference, found on the right and upper anterior sides of the cervix are caused by the finger of the accoucheur.

Perfect Cathartic.

W. B. Duncan, M.D., Trimble, Tenn., says: "In regard to Elixir Purgans (Lilly) it is what its name indicates, a 'perfect liquid cathartic.' It has given me the greatest satisfaction, especially with children. Its point of superiority over anything I have ever used are threefold, viz.: pleasant to take, prompt action and no griping."

A heart stimulant—

℞ Tr. Digitalis.....℥ i.
Tr. nucis vomicae.....℥ ij.

M. Sig.: 30 drops in a half glass of water just before eating.

THE Kaw Pharmacal Co. have some samples of Guaiacoline that they would like to send you.

IF you want a pleasant laxative and one that does not disgust your little patient, try Laxol.

THE Yale chair is the best in the market today, and we have one for sale at a bargain.

DR. C. C. SEABROOK, of Burlingame, will locate in Topeka in the near future.